

REQUIREMENTS & INSTRUCTIONS – LICENSED CLINICAL SOCIAL WORKER APPLICATION (LCSW)

Access this form via website at: www.hawaii.gov/dcca/pvl

Please Note: On **July 1, 2004**, the Department of Commerce and Consumer Affairs (DCCA) will begin issuing two new licenses for social workers; the "**licensed bachelor social worker**" and the "**licensed clinical social worker**". Although these licenses will not be issued until **July 1, 2004**, individuals may submit their applications to the DCCA, Licensing Branch, before this date. Applications must be complete and must include all required documents and fees. **Incomplete applications will not be accepted.** Also, prior to June 30, 2004, you may register for the clinical examination by contacting the ASWB Candidate Registration Center directly by calling 1-888-579-3926 or by going to the ASWB website: www.aswb.org. A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is also available at the ASWB website.

APPLICATION FORM

Complete and sign the attached application using a typewriter or print legibly in dark ink. Answer all questions. If an item is not applicable, indicate "N/A".

Failure to provide all the requested information will delay the processing of your application.

LICENSING REQUIREMENTS

To be licensed, an applicant shall meet the necessary qualification requirements as identified below:

1. **Holds a master's degree** from a college or university in a social work program accredited by OR deemed to be equivalent to an accredited program by the Council on Social Work Education (CSWE);

OR

Holds a doctoral degree from a doctoral program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body.

2. **Pass** the "clinical" level national examination given by the Association of Social Work Boards (ASWB) or the level "C" examination if taken prior to 1990;

OR

Pass the "**diplomat clinical assessment examination**" given by the National Association of Social Workers (NASW) prior to July 1, 2004, provided that the application for licensure is filed before June 30, 2005. **Please be advised that the DCSW credential will not be accepted in place of the "diplomatic clinical assessment examination".**

AND

3. **Successfully complete at least 3000 hours of post-graduate supervised* clinical social work experience in an agency setting.** The 3000 hours of clinical social work experience must be completed in no fewer than two (2) years and in no more than five (5) years; and shall include at least 2000 hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of 900 hours of client-centered advocacy, consultation, and evaluation; and at least 100 hours of direct face-to-face supervision.

OR

Possess a **qualified clinical social worker (QCSW)** or a **diplomat in clinical social work (DCSW) credential** issued by the NASW; or a **board certified diplomate (BCD) credential** issued by the American Board of Examiners in Clinical Social Work (ABE).

***NOTE:** The 3000 hours of clinical social work experience shall be supervised by an individual who is:

- a. **A licensed clinical social worker** who has at least 4500 hours of post-master's clinical social work experience;

OR

For the first five (5) years after the effective date of this Act, the following individuals may supervise an applicant's post-graduate clinical social work experience;

- a. **An individual with a master's degree in social work** who has completed at least 4500 hours of post-master's clinical social work experience;
- b. **An individual who holds a DCSW** credential issued by the NASW or **an individual who holds a BCD** credential issued by the ABE;

**LICENSING
REQUIREMENTS
(Cont.)**

- c. **A board certified psychiatrist, licensed psychologist or advanced practice registered nurse** who has completed a minimum of 4500 hours of post-graduate clinical experience in assessment, clinical diagnosis, and psychotherapy.

**EDUCATION
DOCUMENTS
REQUIRED**

Arrange to have the Registrar of your school send **directly** to us an official transcript indicating your degree, major, and the date the degree was conferred.

**EXAMINATION
REQUIREMENT**

In Hawaii, electronic testing is provided year-round on Oahu; Maui; and Hilo, Hawaii and is administered by ACT, Inc.

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION:

- **Arrange** to have ASWB send us **directly** an official verification of your examination results. Please contact ASWB as listed below:

- a) **By Mail:** Complete the "Official Score Transfer Request Form" located in the Candidate Handbook and return the completed form and required fees to "ASWB, Candidate Registration Center", P.O. Box 1508, Culpeper, VA 22701 or by facsimile to 1-540-829-0142;
- b) **On-line:** Complete the Score Transfer Form at the ASWB website: www.aswb.org.
- c) **By Telephone:** Contact ASWB at 1-888-579-3926 to order an "Official Score Transfer" report.

OR

- **Arrange** for the NASW send us **directly** an official verification of your examination results for the "**diplomate clinical assessment examination**" that includes your name, the date of the examination, the score that you received on the examination and the passing score. To request an official verification of your examination results, please contact the NASW at their website: www.socialworkers.org.

FOR APPLICANTS APPLYING TO TAKE THE ASWB "CLINICAL" EXAMINATION AFTER JULY 1, 2004:

- **Submit** the non-refundable application fee of \$60 with your application, payable to Commerce and Consumer Affairs.
- After your application has been approved and you are deemed eligible to sit for the exam, you will be mailed an eligibility letter, **which is valid for one (1) year**, and the ASWB Candidate Handbook. The ASWB Candidate Handbook includes the registration information. To register for the examination, please contact ASWB as listed below:
 - a) **By Mail:** Complete the Registration Form located in the Candidate Handbook and mail it with the examination fee (certified check, money order or credit card) to the ASWB Registration Center, P.O. Box 1508, Culpeper, VA 22701. The registration fee is \$175. **No personal checks will be accepted;**
 - b) **On-line:** Go to the www.aswb.org website and click on "Register for the ASWB Exam" and complete the Registration Form. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering on-line;
 - c) **By Fax:** Complete the Registration Form located in the Candidate Handbook and fax it to ASWB at 1-540-829-0142. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering by fax. The registration fee is \$175;
 - d) **By Telephone:** Use the Registration Form to collect and organize the information you will need to provide when you call the "Candidate Registration Center". Fill out the Registration Form and call 1-888-579-3926 to register for the examination. The Candidate Registration Center is open from 8:30 a.m. to 7:00 p.m., Eastern Time, Monday through Thursday; and on Friday from 8:30 a.m. to 6:00 p.m., Eastern Time. Only credit card payments (Visa, Mastercard, Discover) will be accepted. Payment must be made at the time of registration. The registration fee is \$175.

**EXAMINATION
REQUIREMENT
(Cont.)**

A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is available at www.aswb.org or contact the Association of Social Work Boards at 1-888-579-3926.

**SUPERVISED
EXPERIENCE
DOCUMENTS
REQUIRED**

Please have your supervisor complete the attached "Verification of Supervised Clinical Social Work Experience" form and sign this form in the presence of a notary public. Attach the verification form to the application. **Copies of the verification form or altered forms will not be accepted.**

Applicants who possess the QCSW, DCSW, or the BCD credential may use this credential to satisfy the required "Supervised Experience". Contact the NASW or the ABE and have them send us an official letter that states your name; the credential that you possess (QCSW, DCSW, or a BCD); the credential's effective date and its expiration date. **Copies of letters or certificates will not be accepted.**

LICENSE FEES

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION, PAY THE FOLLOWING FEE WITH THE APPLICATION:

If applying for license in the first year of the triennium,
(7/1/04 to 6/30/05), pay \$400
(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$105 + 2/3 renewal-\$75)

If applying for license in the second year of the triennium,
(7/1/05 to 6/30/06), pay \$325
(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$70 + 1/3 renewal-\$35)

If applying for license in third year of the triennium,
(7/1/06 to 6/30/07), pay \$255
(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$35)

* Application fee is not refundable.

Make check payable to: **Commerce and Consumer Affairs.**

APPLICANTS APPLYING TO TAKE THE EXAMINATION AFTER JULY 1, 2004 WILL BE NOTIFIED OF LICENSE FEES DUE WHEN ALL LICENSING REQUIREMENTS HAVE BEEN MET.

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs.

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**ABANDONMENT
OF
APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

**MAILING
ADDRESS**

Mail complete application to:

*Social Workers License
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

Deliver to office location at:

*335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000*

**TRIENNIAL
RENEWAL**

All licenses regardless of issuance date, shall be renewed triennially on or before June 30, with the next renewal occurring on June 30, 2007. Failure to renew a license shall result in a forfeiture of the license. It is the responsibility of the licensee to inform the Department in writing of any name or address change.

**LAWS
PUBLICATION**

Chapter 467E, HRS, provides for the regulation of social workers in Hawaii. A copy of the Social Worker law is available by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes. Indicate the specific chapters in your request.

The laws are also posted on our website at: **www.hawaii.gov/dcca/pvl**. Look under "Social Workers".

APPLICATION FOR LICENSE - LICENSED CLINICAL SOCIAL WORKER

Before completing this form, read the information and instructions for filing.

Legal Name (First-Middle)		(LAST)
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address ONLY if different from above:		
Social Security No.	Other Names Used	Phone No. (Days)
Provide date you requested transcript: _____		
Provide date you requested verification of your scores (if applicable): _____		

FOR OFFICE USE ONLY

License No. LCSW -	Eff. Date:
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EDUCATION	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr)		Name of Degree Earned
			From	To	

Circle answers and provide details and supporting documents when required.

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Are you licensed in another state? YES NO
- 4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 5) Are there any complaints or disciplinary actions pending against you in any state or jurisdiction? YES NO
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulling or expunged? YES NO
- 7) Have you passed the national exam given by the Association of Social Work Boards? YES NO

(For questions 3, 4, 5, and 6, explain any "YES" responses on a separate sheet and attach supporting documents.)

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (*Chap. 467E, Hawaii Revised Statutes*), and/or grounds for criminal prosecution (*Sec. 710-1017, Hawaii Revised Statutes*). I further certify that I have read, understand, and shall obey all laws pertaining to Social Workers.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appln	680	\$60
Lic	681	\$160
CRF	686	\$35/70/105
Renewal	682	\$75/35
Service Fee	BCF	\$15

STATE OF HAWAII
SOCIAL WORKER PROGRAM
Department of Commerce and Consumer Affairs
335 Merchant Street, Room 301, Honolulu, HI 96813
P.O. Box 3469, Honolulu, HI 96801
Access this form via website at: www.hawaii.gov/dcca/pvl

VERIFICATION OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE

Instructions to Supervisor:

Please complete the "Verification of Supervised Clinical Social Work Experience" form to verify the number of clinical social work hours that the applicant completed under your supervision. **THE FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

(print name of applicant)

This is to certify that, _____,
(name of applicant)

has been under **my** supervision from _____ through _____ and
(month and year) (month and year)

has successfully completed a total of _____ hours of psychotherapy, assessment, and clinical diagnosis;
(number)

a total of _____ hours of client-centered advocacy, consultation, and evaluation; and
(number)

a total of _____ hours of direct face-to-face supervision at the agency listed below. I further certify that
(number)

during the period listed above, I supervised a total of _____ individuals.
(number)

Signature (Date)

Print Name and Title

Type of License, License Number and State Issued

Name of Credential and Name of Credentialing Agency

Number of Hours of Post-Graduate Clinical Experience in
Assessment, Clinical Diagnosis and Psychotherapy that the
supervisor completed.

Name of Agency

Address

Subscribed and sworn to before me

This _____ day of _____, 20____

City

State

Zip Code

()

Telephone Number

Notary Public, State of _____

My commission expires:

LSW-11 0404N